CONNERS
3rd Edition™

By C. Keith Conners, Ph.D.

Conners 3–Self-Report
Assessment Report

SAMPLE

Name/ID:	**John H.**
Age:	17 years
Gender:	Male
Birth Date:	March 24, 1997
Grade:	12
Administration Date:	March 24, 2014
Assessor Name:	
Data Entered By:	
Normative Option:	Gender-specific norms
DSM Scoring Option:	DSM-5
Report Options:	The following features were included in this assessment report: Percentiles. The following additional features are available: Standard Error of Measurement, Item Responses by Scale.

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Summary of Results

Response Style Analysis

Scores on the Validity scales do not indicate a positive, negative or inconsistent response style.

Summary of Elevated Scores

The following section summarizes areas of concern for John H. based on his ratings on the Conners 3-SR. Note that areas that are not a concern are not reported in this summary.

Conners 3-SR Content Scales

John H.'s *T*-scores for the following Conners 3-SR Content scales were **very elevated** (i.e., *T*-score ≥ 70), indicating many more concerns than are typically reported: Hyperactivity/Impulsivity (*T* = 75) and Family Relations (*T* = 71).

John H.'s *T*-score for the following Conners 3-SR Content scale was **elevated** (i.e., *T*-score = 65 to 69), indicating more concerns than are typically reported: Inattention (*T* = 67).

DSM-5 Symptom Scales

The Symptom Counts were *probably met* and the *T*-scores were **elevated or very elevated** (i.e., T-score ≥ 65) for the following DSM-5 Symptom scales: ADHD Predominantly Inattentive Presentation (*T* = 68) and ADHD Predominantly Hyperactive-Impulsive Presentation (*T* = 73). These diagnoses should be given strong consideration.

Impairment

John H. reports that his problems seriously affect his functioning **often** (rating = 2) in the academic, social and home settings.

Conners 3 Index Scores

Based on John H.'s ratings, an ADHD classification is indicated (78% probability), but other clinically relevant information should also be carefully considered in the assessment process.

Conners 3-SR Results and IDEA

Scores on the Conners 3-SR suggest possible consideration for IDEA 2004 eligibility in the following area(s): Emotional Disturbance, Other Health Impairment and Specific Learning Disability.

Cautionary Remark

This Summary of Results section only provides information about areas that are a concern. Please refer to the remainder of the Assessment Report for further information regarding areas that are not elevated or could not be scored due to omitted items.

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Introduction

The Conners 3rd Edition–Self-Report (Conners 3–SR) is an assessment tool that prompts the youth to provide valuable information about himself. This instrument is designed to assess Attention Deficit/Hyperactivity Disorder (ADHD) and its most common co-morbid problems in children and adolescents aged 8 to 18 years old. When used in combination with other information, results from the Conners 3–SR can provide valuable information to guide assessment decisions. This report provides information about the youth's score, how he compares to other youth, and which scales are elevated. See the *Conners 3 Manual* and *DSM-5 Update* (published by MHS) for more information.

This computerized report is an interpretive aid and should not be provided to youths or used as the sole criterion for clinical diagnosis or intervention. Administrators are cautioned against drawing unsupported interpretations. Combining information from this report with information gathered from other psychometric measures, interviews, observations, review of available records, and discussion with youth will give the assessor or service provider a more comprehensive view of the youth than might be obtained from any one source. This report is based on an algorithm that produces the most common interpretations for the scores that have been obtained. Administrators should review the youth's responses to specific items to ensure that these interpretations apply.

Response Style Analysis

The following section provides John H.'s scores for the Positive and Negative Impression scales and the Inconsistency Index.

Positive Impression

The Positive Impression score (raw score = 0) does not indicate an overly positive response style.

Negative Impression

The Negative Impression score (raw score = 0) does not indicate an overly negative response style.

Inconsistency Index

The Inconsistency Index score (raw score = 4, number of differentials ≥ 2 = 0) does not indicate an inconsistent response style.

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Conners 3–SR Content Scales: *T*-scores

The following graph provides *T*-scores for each of the Conners 3–SR Content scales.

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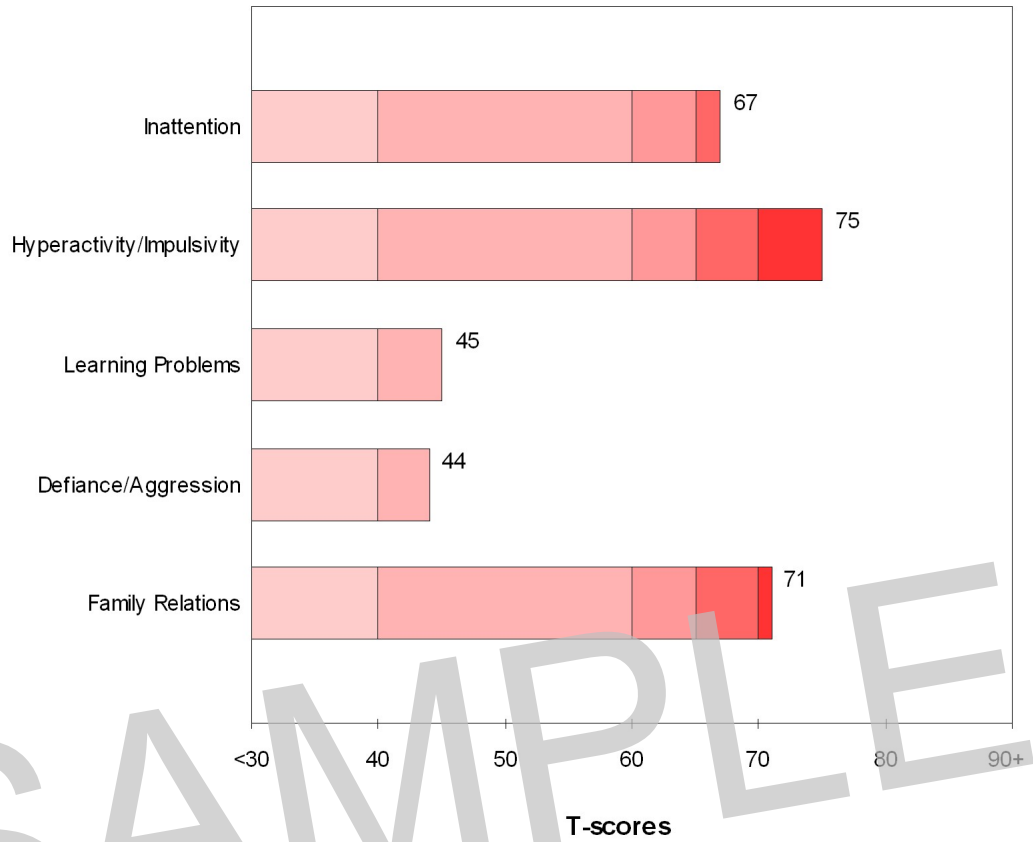
Conners 3–SR Content Scales: Detailed Scores

The following table summarizes the results of John H.'s self-assessment and provides general information about how he compares to the normative group. Please refer to the *Conners 3 Manual* for more information on the interpretation of these results.

Scale	Raw Score	*T*-score (Percentile)	Guideline	Common Characteristics of High Scorers
Inattention	17	67 (95)	Elevated Score (More concerns than are typically reported)	May have poor concentration/attention or difficulty keeping his/her mind on work. May make careless mistakes. May be easily distracted. May give up easily. May have difficulty starting and/or finishing tasks.
Hyperactivity/ Impulsivity	24	75 (98)	Very Elevated Score (Many more concerns than are typically reported)	High activity levels, may be restless and/or impulsive. May have difficulty being quiet. May interrupt others or talk too much. May be easily excited.
Learning Problems	3	45 (35)	Average Score (Typical levels of concern)	Academic struggles (reading, spelling, and/or math). May have difficulty learning and/or remembering concepts. May need extra help.
Defiance/ Aggression	2	44 (21)	Average Score (Typical levels of concern)	May have poor control of anger; may break rules; may be physically and/or verbally aggressive; may show violent or destructive tendencies; may bully others; may be manipulative or cruel; may have legal issues.
Family Relations	16	71 (94)	Very Elevated Score (Many more concerns than are typically reported)	May feel that parents do not love or notice him/her. May feel unjustly criticized and/or punished at home.

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DSM-5 Overview

This section of the report provides the following information for each DSM-5 diagnosis on the Conners 3–SR:

1. DSM-5 Symptom scales: *T*-scores
2. DSM-5 Symptom scales: Detailed Scores
3. DSM-5 Total Symptom Counts
4. DSM-5 Symptom Tables

- Listing of Conners 3–SR item(s) that correspond to each DSM-5 Symptom
- Criterion status of each DSM-5 Symptom (i.e., whether or not the symptom is "indicated," "may be indicated," or "not indicated"). Symptoms marked *indicated* or *may be indicated* are summed to get the Total Symptom Count for that diagnosis. Please refer to specific DSM-5 Symptom tables for each criterion status and for any exception that may alter the Total Symptom Count. See the *Conners 3 Manual* for details on how each criterion status is determined.

Interpretive Considerations
Results from the Conners 3–SR are a useful component of DSM-5 based diagnosis, but cannot be relied upon in isolation. When interpreting the Conners 3–SR DSM-5 Symptom scales, the assessor should take the following important considerations into account. Please refer to the *Conners 3 Manual* and *DSM-5 Update* for further interpretative guidelines.

- The Conners 3–SR contains symptom-level criteria, not full diagnostic criteria for DSM-5 diagnoses. Additional criteria (e.g., course, age of onset, differential diagnosis, level of impairment, pervasiveness) must be met before a DSM-5 diagnosis can be assigned.
- The Conners 3–SR items are approximations of the DSM-5 Symptoms that are intended to represent the main clinical construct in a format that most youth can understand. As a result, some aspects of the DSM-5 criteria may not be fully represented. Before using any diagnostic labels, the assessor must consider all criteria that are required for a DSM-5 diagnosis, including the symptoms from the Conners 3–SR. The assessor should refer to the DSM-5 and follow-up with the client for more information when reviewing the Conners 3-SR report for diagnostic information. The DSM-5 incorporates specifiers (e.g., "With limited prosocial emotions" for Conduct Disorder), where follow-up is recommended to determine their applicability for a specific case.
- The Conners 3–SR provides information relevant to the DSM-5 diagnoses from two different perspectives: absolute (Symptom Count) and relative (*T*-score). Results of the DSM-5 Symptom Counts can contribute to consideration of whether a particular DSM-5 diagnosis might be appropriate. A *T*-score for each DSM-5 diagnosis facilitates comparison of this individual's symptoms with his or her peers. At times there may be discrepancies between the Symptom Count and *T*-score for a given diagnosis. This is to be expected, given that they are based on different metrics (i.e., absolute versus relative). The following points provide some concrete guidelines for interpretation of this pair of scores (DSM-5 Symptom Count and *T*-score).

  - Both scores are elevated (i.e., DSM-5 Symptom Count probably met, DSM-5 *T*-score $\geq$ 65): This diagnosis should be given strong consideration.
  - Both scores are average or below (i.e., DSM-5 Symptom Count probably not met, DSM-5 *T*-score < 65): It is unlikely that the diagnosis is currently present (although criteria may have been met in the past).
  - Only Symptom Count is elevated (i.e., DSM-5 Symptom Count probably met, DSM-5 *T*-score < 65): Although the absolute DSM-5 symptomatic criteria may have been met, the current presentation is not atypical for this age and gender. Consider whether the symptoms are present in excess of developmental expectations (an important requirement of DSM-5 diagnosis).
  - Only *T*-score is elevated (i.e., DSM-5 Symptom Count probably not met, DSM-5 *T*-score $\geq$ 65): Although the current presentation is atypical for the youth's age and gender, there are not sufficient symptoms reported to meet DSM-5 symptomatic criteria for this disorder. Consider alternative explanations for why the *T*-scores could be elevated in the absence of this diagnosis (e.g., another diagnosis may be producing these types of concerns in that particular setting).

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DSM-5 Symptom Scales: *T*-scores

The following graph provides *T*-scores for each of the DSM-5 Symptom scales.
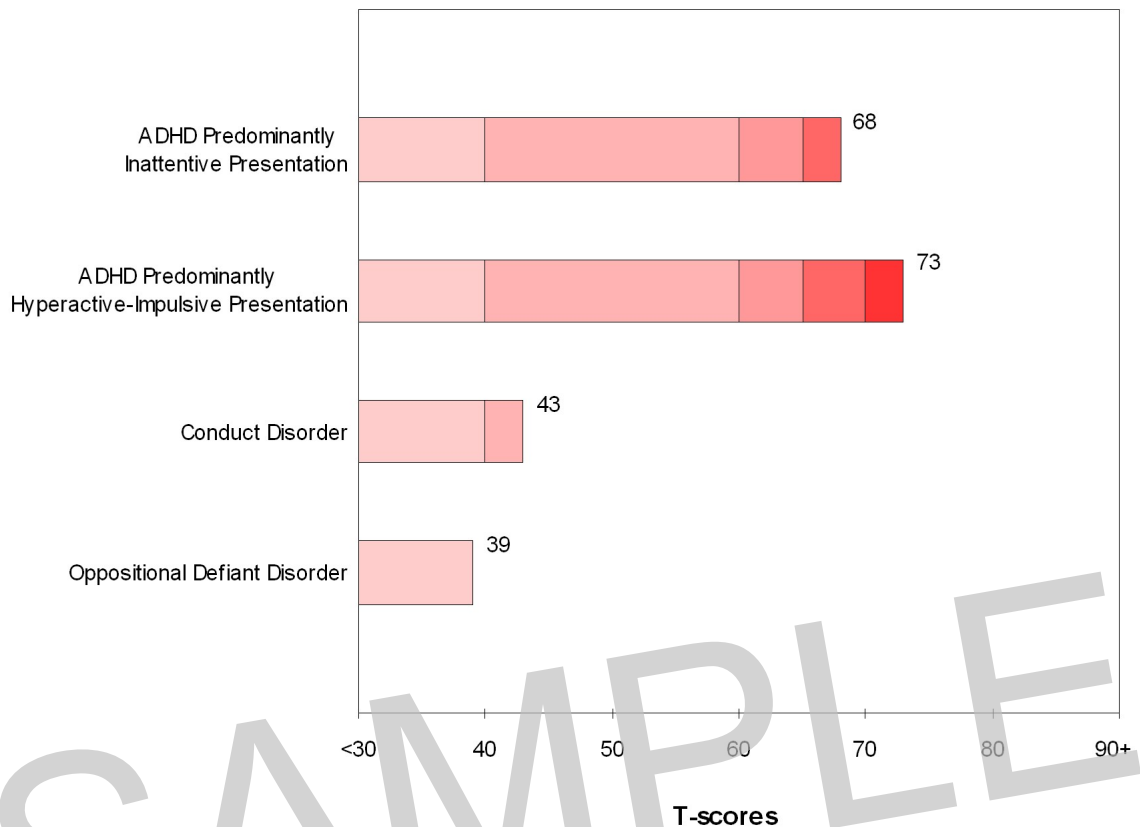
DSM-5 Symptom Scales: Detailed Scores

The following table summarizes the results of John H.'s self-assessment with respect to the DSM-5 Symptom scales, and provides general information about how he compares to the normative group. Please refer to the *Conners 3 Manual* for more information on the interpretation of these results.

Scale	Raw Score	*T*-score (Percentile)	Guideline
ADHD Predominantly Inattentive Presentation	19	68 (96)	Elevated Score (More concerns than are typically reported)
ADHD Predominantly Hyperactive-Impulsive Presentation	18	73 (99)	Very Elevated Score (Many more concerns than are typically reported)
Conduct Disorder	1	43 (17)	Average Score (Typical levels of concern)
Oppositional Defiant Disorder	2	39 (15)	Low Score (Fewer concerns than are typically reported)

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DSM-5 Total Symptom Counts

The following tables summarize the results of the DSM-5 Total Symptom Counts as indicated by the Conners 3–SR.

Results from the Conners 3–SR suggest that the Symptom Count requirements are *probably met* for the following DSM-5 diagnoses:

DSM-5 Symptom scale	DSM-5 Symptom Count Requirements	Symptom Count as indicated by Conners 3–SR
ADHD Predominantly Inattentive Presentation (ADHD In)	At least 5 out of 9 symptoms	6
ADHD Predominantly Hyperactive-Impulsive Presentation (ADHD Hyp-Imp)	At least 5 out of 9 symptoms	7
ADHD Combined Presentation	Criteria must be met for both ADHD In and ADHD Hyp-Imp	ADHD In: 6 ADHD Hyp-Imp: 7

Note: The Symptom Count is probably met for ADHD Combined Presentation. Follow-up is recommended to ensure symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions.

Results from the Conners 3–SR suggest that the Symptom Count requirements are *probably not met* for the following DSM-5 diagnoses:

DSM-5 Symptom scale	DSM-5 Symptom Count Requirements	Symptom Count as indicated by Conners 3–SR
Conduct Disorder‡	At least 3 out of 15 symptoms	1
Oppositional Defiant Disorder	At least 4 out of 8 symptoms	0

‡The Conners 3–SR does not assess Criterion A7 (i.e., forced sexual activity) due to the sensitive nature of this criterion.

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DSM-5 Symptom Tables

This section of the report provides information about how John H. rated items that correspond to the DSM-5. Please see the DSM-5 Overview section for important information regarding appropriate use of DSM-5 Symptom Counts.

The following response key applies to all of the tables in this section.

Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

DSM-5 ADHD Predominantly Inattentive Presentation

DSM-5 Symptoms: Criterion A	Item Number	Rating 0	1	2	3	?	Criterion Status
A1a.	31 -or- 39			✓ ✓			**Indicated**
A1b.	63		✓				Not Indicated
A1c.	42			✓			**Indicated**
A1d.	61 -and- 17		✓ ✓				Not Indicated
A1e.	21				✓		**Indicated**
A1f.	51		✓				Not Indicated
A1g.	5			✓			**Indicated**
A1h.	77			✓			May be Indicated
A1i.	32			✓			May be Indicated

DSM-5 ADHD Predominantly Hyperactive-Impulsive Presentation

DSM-5 Symptoms: Criterion A	Item Number	Rating 0	1	2	3	?	Criterion Status
Hyperactivity							
A2a.	60			✓			May be Indicated
A2b.	64		✓				Not Indicated
A2c.	20 -or- 7	✓			✓		**Indicated**[1]
A2d.	84			✓			**Indicated**
A2e.	66 -or- 55		✓	✓			May be Indicated
A2f.	34	✓					Not Indicated
Impulsivity							
A2g.	9				✓		**Indicated**
A2h.	27			✓			**Indicated**
A2i.	6			✓			**Indicated**

[1]Criterion A2c states that in adolescents, overactivity may be experienced as subjective feelings of restlessness. Follow-up is recommended to ensure Criterion A2c has been met for younger children.

DSM-5 ADHD Combined Presentation

An ADHD Combined Presentation diagnosis requires the examination of symptoms for ADHD Predominantly Inattentive Presentation and for ADHD Predominantly Hyperactive-Impulsive Presentation. See the DSM-5 or the *Conners 3 Manual* and *DSM-5 Update* for additional guidance.

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DSM-5 Conduct Disorder

DSM-5 Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
Aggression to People and Animals							
A1.	25	✓					Not Indicated
A2.	38	✓					Not Indicated
A3.	59	✓					Not Indicated
A4.	86	✓					Not Indicated
A5.	47	✓					Not Indicated
A6.	13	✓					Not Indicated
Destruction of Property							
A8.	72	✓					Not Indicated
A9.	82	✓					Not Indicated
Deceitfulness or Theft							
A10.	78	✓					Not Indicated
A11.	16	✓					Not Indicated
A12.	52	✓					Not Indicated
Serious Violations of Rules							
A13.	91	✓					Not Indicated
A14	8	✓					Not Indicated
A15.	33		✓				May be Indicated[1]

[1]In order for Criterion A15 (truancy) to be indicated the assessor needs to ensure this criterion occurred before the age of 13 years.

The Conners 3–SR does not assess Criterion A7 (i.e., forced sexual activity) due to the sensitive nature of this criterion.

DSM-5 Oppositional Defiant Disorder

DSM-5 Symptoms: Criterion A	Item Number	Rating					Criterion Status
		0	1	2	3	?	
Angry/Irritable Mood							
A1.	67	✓					Not Indicated
A2.	74	✓					Not Indicated
A3.	87	✓					Not Indicated
Argumentative/Defiant Behavior							
A4.	24		✓				Not Indicated
A5.	1R			✓			Not Indicated
A6.	3	✓					Not Indicated
A7.	62	✓					Not Indicated
Vindictiveness							
A8.	94	✓					Not Indicated

R = This item is reverse scored for score calculations.

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Impairment

John H.'s report of his level of impairment in academic, social, and home settings is presented below.

	Not true at all/never	**Just a little true/occasionally**	**Pretty much true/often**	**Very much true/very often**
Academic			■	

John H. indicated that his problems seriously affect his schoolwork or grades often (score of 2).

Social			■	

John H. indicated that his problems seriously affect his friendships and relationships often (score of 2).

Home			■	

John H. indicated that his problems seriously affect his home life often (score of 2).

Conners 3 ADHD Index

The following graph summarizes John H.'s ratings with respect to the Conners 3 ADHD Index.

Probability (%)
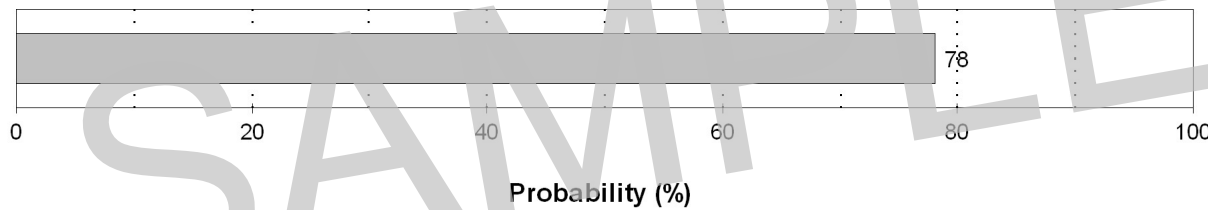
Among ADHD and general population cases, individuals with ADHD obtained this score 78% of the time. Based on this metric, a classification of ADHD is indicated, but other clinically relevant information should also be carefully considered in the assessment process. Please see the *Conners 3 Manual* for further information about interpretation.

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Anxiety Screener Items

The following table displays the results of John H.'s behavior with regard to specific items that are related to generalized anxiety.

Guideline based on John H.'s ratings to these items: No need for further investigation is indicated

Item Number	Item Content	Rating				
		0	1	2	3	?
2	Nervous or jumpy	✓				
29	Irritable when anxious	✓				
46	Trouble controlling worries	✓				
90	Worries	✓				

Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

Depression Screener Items

The following table displays the results of John H.'s behavior with regard to specific items that are related to depression. Endorsement of these items may indicate the need for further investigation.

Guideline based on John H.'s ratings to these items: No need for further investigation is indicated

Item Number	Item Content	Rating				
		0	1	2	3	?
36	Worthlessness	✓				
44	Loss of interest or pleasure	✓				
68	Sad, gloomy, or irritable	✓				
80	Low energy	✓				

Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

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Severe Conduct Critical Items

The following table displays John H.'s ratings of his behavior with regard to several Severe Conduct Critical items. Endorsement of any Critical item indicates the need for immediate follow-up.

Item Number	Item Content	Rating					Recommendation
		0	1	2	3	?	
13	Confrontational stealing	✓					No need for further investigation is indicated
22	Trouble with police	✓					No need for further investigation is indicated
47	Mean to animals	✓					No need for further investigation is indicated
59	Uses a weapon	✓					No need for further investigation is indicated
72	Fire setting	✓					No need for further investigation is indicated
78	Breaking and entering	✓					No need for further investigation is indicated

Rating: 0 = Not true at all (Never, Seldom); 1 = Just a little true (Occasionally); 2 = Pretty much true (Often, Quite a bit); 3 = Very much true (Very often, Very frequently); ? = Omitted item.

Additional Questions

The following section displays additional comments that John H. has about himself.

Item Number	Item Content	Rating
98	Additional problems	I don't know how to make my parents happy with me.
99	Strengths or skills	I have a lot of energy and like to try new things.

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Conners 3–SR Results and IDEA

The Conners 3–SR provides information that may be useful to consider when determining whether a student is eligible for special education and related services under current U.S. federal statutes, such as the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 2004).

Elevated scores on the Conners 3–SR may indicate the need for special education and related services. The following table summarizes areas of IDEA 2004 eligibility that are typically listed for children and adolescents who have elevated scores on various portions of the Conners 3–SR. Checkmarks indicate which areas of the Conners 3–SR were indicated or endorsed, suggesting possible consideration of IDEA 2004 eligibility in related areas. The information in this table is based on the IDEA 2004 and general interpretation/application of this federal law. Specific state and local education agencies may have specific requirements that supersede these recommendations. The assessor is encouraged to consult local policies that may impact decision making. Remember that elevated scores or even a diagnosis is not sufficient justification for IDEA 2004 eligibility. Finally, keep in mind that the IDEA 2004 clearly indicates that categorization is not required for provision of services. Please see the *Conners 3 Manual* for further discussion of the IDEA 2004 and its relation to the Conners 3–SR content.

Content Areas	Follow-up Recommended	Possible IDEA Eligibility Category
Conners 3–SR Content Scales		
Inattention	✓	ED, LD, OHI
Hyperactivity/Impulsivity	✓	ED, OHI
Learning Problems		LD
Defiance/Aggression		ED
Family Relations	✓	ED
DSM-5 Symptom Scales		
ADHD Predominantly Inattentive Presentation	✓	ED, LD, OHI
ADHD Predominantly Hyperactive-Impulsive Presentation	✓	ED, OHI
ADHD Combined Presentation	✓	ED, LD, OHI
Conduct Disorder		ED
Oppositional Defiant Disorder		ED
Screener Items		
Anxiety		ED
Depression		ED
Critical Items		
Severe Conduct		ED

ED = Emotional Disturbance; LD = Specific Learning Disability; OHI = Other Health Impairment.

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Item Responses

John H. entered the following response values for the items on the Conners 3–SR.

Item	Rating	Item	Rating	Item	Rating	Item	Rating
1.	2	31.	2	61.	1	91.	0
2.	0	32.	2	62.	0	92.	0
3.	0	33.	1	63.	1	93.	2
4.	2	34.	0	64.	1	94.	0
5.	2	35.	1	65.	0	95.	2
6.	2	36.	0	66.	1	96.	2
7.	3	37.	1	67.	0	97.	2
8.	0	38.	0	68.	0		
9.	3	39.	2	69.	2		
10.	2	40.	3	70.	0		
11.	2	41.	3	71.	1		
12.	2	42.	2	72.	0		
13.	0	43.	2	73.	2		
14.	2	44.	0	74.	0		
15.	1	45.	0	75.	0		
16.	0	46.	0	76.	1		
17.	1	47.	0	77.	2		
18.	1	48.	0	78.	0		
19.	2	49.	1	79.	2		
20.	0	50.	3	80.	0		
21.	3	51.	1	81.	2		
22.	0	52.	0	82.	0		
23.	3	53.	1	83.	2		
24.	1	54.	0	84.	2		
25.	0	55.	2	85.	2		
26.	3	56.	0	86.	0		
27.	2	57.	2	87.	0		
28.	1	58.	0	88.	3		
29.	0	59.	0	89.	0		
30.	2	60.	2	90.	0		

Response Key:
0 = In the past month, this was **not true at all**. It never (or seldom) happened.
1 = In the past month, this was **just a little true**. It happened occasionally.
2 = In the past month, this was **pretty much true**. It happened often (or quite a bit).
3 = In the past month, this was **very much true**. It happened very often (very frequently).
? = Omitted Item

Date printed: March 24, 2014
End of Report

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Conners 3rd Edition
Feedback Handout for Self-Report Ratings

Child's Name: John H.

Child's Age: 17

Date of Assessment: March 24, 2014

Assessor's Name:

This feedback handout explains scores from ratings of this youth's behaviors and feelings as assessed by the Conners 3–Self-Report Form (Conners 3–SR). This section of the report may be given to parents (caregivers) or to a third party upon parental consent.

What is the Conners 3?
The Conners 3 is a set of rating scales that are used to gather information about the behaviors and feelings of children and adolescents. These rating scales can be completed by parents, teachers, and youth. The Conners forms were developed by Dr. Conners, an expert in child and adolescent behavior, and are used all over the world to assess youth from many cultures. Research has shown that the Conners scales are reliable and valid, which means that you can trust the scores that are produced by the youth's ratings.

Why do youth complete the Conners 3?
Information from youth about his or her own behavior and feelings is extremely important, as the youth knows how he or she feels better than anyone else. Self-reports provide invaluable information about the youth's own perceptions, feelings, and attitudes about his or her behavior that parents and teachers may not be aware of. Unlike parent and teacher ratings which provide information about either home or school settings, youth are able to give information about their feelings and behaviors across settings and situations. They know how they feel and behave all of the time.

The most common reason for using the Conners 3 scales is to better understand a youth who is having difficulty, and to determine how to help. The Conners 3 scales can also be used to make sure that treatment services are helping, or to see if the youth is improving. Sometimes the Conners 3 scales are used for a routine check, even if there is no reason to suspect the youth is struggling with a problem. If you are not sure why the youth was asked to complete the Conners 3, please ask the assessor listed at the top of this feedback form.

How does the Conners 3 work?
John H. read 99 items, and decided how well each statement described himself, or how often each behavior happened in the past month ("not at all/never," "just a little true/occasionally," "pretty much true/often," or "very much true/very frequently"). John H.'s responses to these 99 statements were combined into several groups of items. Each group of items describes a certain type of behavior (for example, inattention, aggression). John H.'s responses were compared with what is expected for 17-year-old boys. The scores for each group of items show how similar John H. is to his peers. This information helps the assessor know if John H. is having more difficulty in a certain area than other 17-year-old boys.

Results from the Conners 3–Self-Report Form
The assessor who asked John H. to complete the Conners 3 will help explain these results and answer any questions you might have. Remember, these scores were calculated from how John H. described himself in the past month. The self-report ratings help the assessor know how John H. acts at home, in school, and in the community. The results from the self-report ratings on the Conners 3 should be combined with other important information, such as interviews with John H. and his parent, other test results, and observations of John H.. All of the combined information is used to determine if John H. needs help in a certain area and what kind of help is needed.

As you go through the results, it is very helpful to share any additional insights that you might have, make notes, and freely discuss the results with the assessor. If the scores do not make sense to you, you should let the assessor know so that you can discuss other possible explanations.

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John H.'s responses to the 99 items were combined into groups of possible problem areas. The following table lists the main topics covered by the Conners 3–Self-Report Form. These scores were compared with other 17-year-old boys. This gives you information about whether John H. described typical or average levels of concern (that is, "not an area of concern") or if he described "more concerns than average" for 17-year-old boys. The table also gives you a short description of the types of difficulties that are included in each possible problem area. John H. may not show *all* of the problems in an area; it is possible to have "more concerns than average" even if only *some* of the problems are happening. Also, it is possible that John H. may describe typical or average levels of concern even if John H. is showing *some* of the problems in an area.

It is important to discuss these results with the assessor listed at the top of this feedback handout. This feedback handout describes results only from the Conners 3 Self-Report form. A checkmark in the "more concerns than average" box does not necessarily mean that John H. has a serious problem and is in need of treatment. Conners 3 results must be combined with information from other sources and be confirmed by a qualified clinician before a conclusion that an actual problem exists is made.

Inattention

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Poor concentration and attention; difficulty keeping his/her mind on work; careless mistakes; easily distracted; gives up easily; difficulty starting and/or finishing tasks.

Hyperactivity/Impulsivity

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	High activity levels; restless and/or impulsive; difficulty being quiet; interrupts others; talks too much; easily excited.

Learning Problems

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Academic struggles; difficulty learning/remembering concepts; needs extra instructions; struggles with reading, spelling, and/or math.

Family Relations

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
	✓	Feelings that parents do not love or notice him/her; feelings of being unjustly criticized or punished at home.

Defiance/Aggression

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Poor control of anger; breaks rules; physically and/or verbally aggressive; violent behaviors, including bullying or destructive tendencies; manipulative or cruel.

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Oppositional Behavior

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Oppositional, hostile, defiant behaviors.

Conduct Problems

Not an area of concern (good/average score)	More concerns than average (elevated score)	Problems that may exist if there are more concerns than average
✓		Aggression; cruelty; destruction of property; deceitfulness; theft; serious rule-breaking behaviors.

Response Style Analysis

Information about the rater's response style should be considered when the assessor reviews the results with you.

Additional Topics for Discussion

In addition to the results described above, some of John H.'s responses on the Conners 3 suggest it is important to consider the following topics in further evaluation. Please ask the assessor listed at the top of this form to discuss these areas with you.

- Features that are commonly seen in youth who have inattention, hyperactivity, and/or impulsivity

When asked to rate whether the problems described on the Conners 3 Self-Report Form affected John H.'s functioning, he responded:

John H. indicated that his problems often seriously affect his schoolwork or grades.
John H. indicated that his problems often seriously affect his friendships and relationships.
John H. indicated that his problems often seriously affect his home life.

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